REPORT ID: WVFA70U0 STATE OF WEST VIRGINIA 02/01/11 PAGE 1 FINANCIAL INFORMATION MANAGEMENT SYSTEM 15:08:42 OFFICE OF THE STATE AUDITOR INVOICE COVER SHEET AUDITOR ENTRY ID: I 4 11503270 WVFIMS DOCUMENT ID: I 11503270 STATE ORGANIZATION: 0307 STATE ORGANIZATION NAME: WV DEVELOPMENT OFFICE ORGANIZATION CONTACT: CARL D. SMITH ORGANIZATION ADDRESS: BLDG 6 ROOM 645 WV 25305-0000 CHARLESTON ORGANIZATION: 0307 ORGANIZATION NAME: WV DEVELOPMENT OFFICE DATE PREPARED: 01/31/11 DOCUMENT AMOUNT: 1,000,000.00 VENDOR INVOICE NUMBER: 1110420111 AGENCY COMMITMENT: AGENCY DOCUMENT: SPECIAL AUTHORIZATION: 4 OPEN END CONTRACT NUMBER: DUE DATE: 02/01/11 SPECIAL HANDLING: Y VENDOR NUMBER: 558412 VENDOR NAME: OLD WHITE CHARITIES INC VENDOR ADDRESS: 300 W MAIN ST WHITE SULPHUR SPRING WV 24986-

CONTACT PERSON/PHONE: ANTHONY WHITE

CASH ADVANCE: N BEGIN TRAVEL: / END TRAVEL: / /

COMMENTS: 11-104 FIRST PAYMENT CONTRACT ATTACHED

AUTHORIZED SIGNATURE:

APPROVED BY AUDITOR:

FUND FY ORG ACT OBJ GRANT

0606 2011 0327 096 083

1,000,000.00

1,000,000.00

TOTAL INVOICE AMOUNT



State of West Virginia C/O Mr. Keith Burdette

Greenbrier Classic State Partnership July 26 - August 1, 2010

State Allocated Funds

1,000,000.00

Deposit Due July 1, 2010

1,000,000.00

TOTAL DUE

\$1,000,000.00

Please make check payable to Old White Charities, Inc. Please return one copy of invoice with remittance.

Rob Booth, Director of Sponsorship Sales The Greenbrier Classic 300 West Main Street White Sulphur Springs, West Virginia 24986

THANK YOU.

I hereby certify that the items listed hereon have been released and approved for payment.

ale / Alame

AGREEMENT

Purchase Order #	WVFIMS Account # 0606-2011-0327-096-083 WVFIMS Vendor #
EAW Veridor #	VVVI IIVIS VEIIGOI #
I, Old White Charities Inc 300 W Main St White Su	phur Springs WV 24986 . Agree to perform the
Following services for Commerce Secretary Provide State assistance to the 2010 Greenbrier C	
Provide State assistance to the 2010 Greenbrie C	assic
Date(s) of Service: from July 26,2010	To August 1, 2010
The rate of pay shall be \$1,000,000.00	Per Invoice
Not to exceed \$ 1,000,000.00	For the entire term of the contract.
NOTE: Any anticipated travet must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.	
Please check the appropriate box below:	
l am not currently a fu	II-time employee of the State of West Virginia;
	ne employee of the State of West Virginia (complete
Certification below).	
tt is hereby certified that the services to be performed under this agreement will not interfere with Or detract from the full-time duties of the employee and the amount of annual compensation Received by N/A (above named vendor)	
ricceived by	e employment during the current fiscal year will be
\$ N/A	J. 200 p.
The vendor serves as N/A	With the title of N/A
Certified by N/A (Position)	
(Supervisor's Signature)	
APPROVED BY:	Vertor Old White Charilies Inc
Age ncy WV Development Office	Vendor Old White Charilles Inc
Hell Smite	
(Authorized Signature of Agency) Executive Director	(Vendor's Signature) 271-569-963
(Title)	(Social Security or FEIN)
(Date) WV-48 (rev. 07/96)	(Date)